

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 7-18-03.

I. DISPUTE

Whether there should be reimbursement for CPT codes 95900 and 95935.

II. FINDINGS

1. The requestor billed \$1,156.00 for the disputed service.
2. The respondent paid \$256.00 based upon “F – The charge for this procedure exceeds the Fee schedule or usual and customary values as established by Ingenex; Reimbursement is per study, not per nerve; and G – This procedure is included in another procedure performed on this date.”
3. Total amount in dispute per TWCC-60 is \$234.00.
4. The insurance carrier submitted a timely response to the request for medical dispute resolution, and stated in part that, “ We have received the medical dispute filed by Dr. N for services rendered to ___ for date of service 1/28/03. The bill and documentation attached to the medical dispute have been reviewed and additional payment has been made as follows:

- CPT 95900 Billed 2 @ \$126.00 Paid 2 @ \$64.00 = \$128.00 100% TX FS
- CPT 95935 Billed 2 @ \$200.00 Paid 2 @ \$53.00 = \$106.00 100% TX FS

Due to provider per TX FS: \$234.00”

The insurance carrier referenced the wrong claimant in their position in their summary and reference the correct claimant on the top part of report.

III. RATIONALE

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
1-28-03	95900 (x6)	\$756.00	\$256.00 + \$128.00	F, N	\$64.00/ nerve	Medicine GR (IV)	Nerve study report supports testing of Median, Ulnar and Radial nerves bilaterally. Therefore, the requestor was appropriately reimbursed per MFG for 6 nerves tested.

1-28-03	95935 (X2)	\$400.00	\$106.00	G	\$53.00 / study on extremity		F- wave is not global to any other service rendered on this date. Carrier paid for 2 studies in accordance with MFG.
---------	---------------	----------	----------	---	---------------------------------	--	---

IV. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is not** entitled to additional reimbursement for CPT codes 95900 & 95935.

The above Findings and Decision are hereby issued this 27th day of May 2004.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division